



Phone 678.385.2188
Fax 678.385.2178
TCS Corporate
839 Pickens Industrial Drive
Marietta, GA 30062
www.tcs.ink

For The Color Spots Use Only

Employee taking application _____
Sale Pending? ☐ Yes ☐ No \$ _____ SLSPN _____
Approved _____ Denied _____ Limited _____
Remarks _____

***Please Fax to (678) 385-2178 attn:Accounting Dept.**

CREDIT APPLICATION

Credit Requested \$ _____

(Financial Statement required over \$10,000)

Date ____/____/____

Purchase Order Required ☐ Yes ☐ No

Please check all that apply:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Printing | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Software | <input type="checkbox"/> Training |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Equipment |

COMPANY INFORMATION

BUSINESS NAME _____

BILLING ADDRESS:

Street _____

City _____

State _____ Zip _____

County _____

Atlanta City Limits? Yes ☐ No ☐

A/P Contact: _____

Phone #: _____ Fax #: _____

Email Address: _____

CORP. NAME (If Different) _____

SHIPPING ADDRESS:

Street _____

City _____

State _____ Zip _____

County (If Shipped in Georgia) _____

Tax ID# _____

Phone #: _____ Fax #: _____

Special Instructions: _____

Year Business Established _____ Owned _____ or Leased _____

At Present Address Since _____ Remaining Time of Lease _____

Proprietorship _____ Partnership _____ State in Which Incorporated _____

Tax Exempt? _____ Tax # _____ Federal ID # _____

List Proprietorship Partners or Shareholders:

Name _____	Name _____	Name _____
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Address _____	Address _____	Address _____
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_____	_____	_____
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S.S. # _____	S.S. # _____	S.S. # _____
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Phone # _____	Phone # _____	Phone # _____
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TRADE REFERENCES

Name _____	Name _____	Name _____
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Acct# _____	Acct# _____	Acct# _____
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Phone # _____	Phone # _____	Phone # _____
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Fax # _____	Fax # _____	Fax # _____
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BANK REFERENCES

Name _____	Name _____
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Street _____	Street _____
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City _____	City _____
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State _____ Zip _____	State _____ Zip _____
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Contact/Phone # _____	Contact/Phone # _____
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Ck Acct # _____ Loan # _____	Ck Acct # _____ Loan # _____
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The above information is for the purpose of obtaining credit with REPRO PRODUCTS, INC./The Color Spot and is warranted to be true. I certify that I/We have authority to incur liabilities in the name of the company and hereby authorize the firm to whom the application is made to make any credit inquiries necessary for approval pertaining to the Fair Credit Reporting Act. I understand that any credit granted is due and payable 30 days from the date of purchase, it is agreeable to pay a finance charge on all past due balances computed according to state credit laws. Purchaser agrees to pay all costs of collections including reasonable attorney fees in the event of default.

Signature _____

Print Name _____

Title _____

Date _____